Notification of Jazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

	This initial notification information required by Section 103(c) of the Chensive Environmental Response, Castion, and Liability Act of 1980 and be mailed by June 9, 1981.	compre- add Compen- par		in ink. If you need separate sheets of the item 8/060		-001-439
Ā	Person Required to Notify:		C 1	1		
- 1	Enter the name and address of the or organization required to notify.	person Nan Stre	Commen	Gregor Killarne		Zip Code 60013
B	Site Location:		171	01-		A // .
	Enter the common name (if known) actual location of the site.) and Nam	ne of Site CLL set 13870	+ CALUM	of waste	SWAY
Z	10010284248	City	Calumen	1+ county COC	K State TL	Zip Code 6040 9
C	Person to Contact:			1		A
	Enter the name, title (if applicable), business telephone number of the particle to contact regarding information submitted on this form.		2 . 4	639-642	y Steve o	DUNER
ā	Dates of Waste Handling:					
	Enter the years that you estimate we treatment, storage, or disposal beganded at the site.	vaste an and Fron	n (Year) 1974	To (Year)	78/	
E	Waste Type: Choose the option	you prefer	to complete			
	Option I: Select general waste type you do not know the general waste encouraged to describe the site in I:	types or sou	rces, you are		vation and Recovery	ersons familiar with the Act (RCRA) Section 3001
	Place an X in the appropriate F	Source of Wa Place an X in boxes.	aste: the appropriate	listed in the regu appropriate four- the list of hazard	d a four-digit number lations under Sectior digit number in the b lous wastes and code	to each hazardous wasten 3001 of RCRA. Enter the exes provided. A copy of some be obtained by a State in which the site is
	1. 🗷 Organics	1. Mining		located.		
	2. 🖫 Inorganics	2. Constru	uction	0001		
	3. 🗷 Solvents	3. Textiles	S	F002		
		4. Fertilize		7		
	•	5. Paper/	_			
		6. Leather	-			
		7. □ Iron/St	-			
		8. 2 Chemic				
	•	9. D Plating	_			
			//Ammunition			
	• • • •	11. □ Electrical Conductors 12. □ Transformers				
		3. □ Utility (4. □ Sanitar	-	000329	IIIN -8 81	
		ı4. ⊔ Sanıtar I5. □ Photofi	•	000022	,	
		16. ☐ Lab/Ho				
		17 🗆 Lab/III	· ·			

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18. ☐ Other (Specify)

EPA Region 5 Records Ctr.



	Notification of Hazardous Waste Site	Side Two	* *		
F	Waste Quantity:	Facility Type	Total Facility Waste Amount		
	Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site	 □ Piles □ Land Treatment □ Landfill □ Tanks 	gallons Total Facility Area		
	using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	 5. Impoundment 6. Underground Injection 7. Drums, Above Ground 8. Drums, Below Ground 9. Other (Specify) 	square feet acres		
G	Known, Suspected or Likely Releases	to the Environment:			
	Place an X in the appropriate boxes to indicate or likely releases of wastes to the environment		☐ Known ☐ Suspected ☐ Likely ☐ None		
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completing	g these items will assist EPA and State and the items is not required, you are enco	and local governments in locating and assessing uraged to do so.		
H	Sketch Map of Site Location: (Option Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	al)			
	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.				
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".	Name Street City State Signature	Owner, Present Owner, Past Transporter Operator, Present Operator, Past Other Date		

	N rification of Hazardous Waste Site	Side Two						
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	Place an X in the appropriate boxes to indicate:the facility types found at the site.	1. 🗆 Piles	cubic feet					
	In the "total facility waste amount" space	2. Land Treatment	gallons					
	give the estimated combined quantity	3. □ Landfill 4. □ Tanks	Total Facility Area					
	(volume) of hazardous wastes at the site using cubic feet or gallons.	5. 🗆 Impoundment	square feet					
	In the "total facility area" space, give the	6. Underground Injection	acres					
	estimated area size which the facilities occupy using square feet or acres.	7. Drums, Above Ground 8. Drums, Below Ground						
	}	9. Other (Specify)						
G	Known, Suspected or Likely Releases	to the Environment:						
•	Place an X in the appropriate boxes to indicate any known, suspected,							
	or likely releases of wastes to the environment.							
	Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing							
	hazardous waste sites. Although completing	g the items is not required, you are enco	ouraged to do so.					
H	Sketch Map of Site Location: (Options	al)						
	Sketch a map showing streets, highways, routes or other prominent landmarks near							
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	the site location. Draw an arrow showing the direction north. You may substitute a	and the second second	en e					
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	and the second s	man at the linear		Service Market Control				
		D. O. Carrier						
J	Signature and Title:	DT - 01-12		THE STATE OF				
	The person or authorized representative (such as plant managers, superintendents,	Name STEVE GREGOR	,	☐ Owner, Present ☐ Owner, Past				
	trustees or attorneys) of persons required to notify must sign the form and provide a	Street 2704 KILLARNEY						
	mailing address (if different than address	220 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	MA E					
	in item A). For other persons providing notification, the signature is optional.	City CARY State	LL Zip Code (OO 13	☐ Operator, Past				
	Check the boxes which best describe the relationship to the site of the person	HOIH	1_11_61	Other				
	and to notify. If you are not required	Signature Min Wholey	Date 6 - 4 0	0.000 (0.000) 0.000 (0.000)				
				NOTA - 17 * 1				